

MONTANA WIC PROGRAM

Pre-event Request For Continuing Education Credit Approval

Please submit at least three months prior to activity. Date _____

Sponsoring Agency Requesting _____

or

Name _____ Position _____ WIC Program _____

Program Title _____

Date(s) and Time(s) _____

Instructor(s) _____

Qualifications of Instructor(s) _____

Who is the target audience (RD's, RN's, HEC's, General Public, etc.)? _____

Objectives: State objectives for each session/topic. Include concepts, ideas, or principles to be learned. Objectives must be measurable.

Number of WIC Continuing Education Credits Requested (if multiple sessions, list number of hours requested for each session – use back of form if needed) _____

Return Completed Form to:

WIC Nutrition Education Coordinator
Department of Public Health & Human Services
Cogswell Bldg., 1400 Broadway
PO Box 202951
Helena MT 59620

State Office Use Only

Hours Recorded: _____

Signature/Date: _____